

Doc accepted
8/25/88
E CONSTRUCTION
Letter sent

PRINTED: 08/09/2008
FORM APPROVED
OMB NO. 0938-0391

RECEIVED
AUG 20 2008
BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

TITLE

(X6) DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: FLGX11

Facility ID: NVN696S

If continuation sheet Page 1 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/09/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2008
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RENO			STREET ADDRESS, CITY, STATE, ZIP CODE 445 W. HOLCOMB LANE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 157	<p>Continued From page 1</p> <p>change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, it was determined the facility failed to notify the physician of abnormal bladder scan results for one resident.</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted to the facility on 7/16/08 with diagnoses including debility, dysphagia, interstitial lung disease, status post thoracentesis, pulmonary effusion, chronic obstructive pulmonary disease, congestive heart failure, hypertension, diabetes, depression, anemia, and renal insufficiency.</p> <p>The resident was incontinent of bowel and bladder and was somewhat confused. According to the director of nursing (DON) the family expressed concern about the resident's voiding ability and requested a bladder scan be done on the resident on 7/16/08. Results of the bladder scan were recorded as 999 cc's on two separate times on 7/16/08.</p> <p>Review of the Bladder Scanner BVI 3000 Policy and Procedure revealed at Procedure #13 that "The nurse is responsible to report to the</p>	F 157	<p>F 157 NOTIFICATION OF CHANGES</p> <p>a) Resident #1 was discharged to an acute care facility.</p> <p>b) Residents receiving bladder scans have been reviewed to ensure proper physician notification. No scans showed abnormal results requiring physician notification. Therefore, no other residents have been affected by this deficient practice (see exhibit #1).</p> <p>c) Nurses have been educated regarding physician notification of abnormal bladder scan results (see exhibit #2).</p> <p>d) DON or designee will audit random bladder scan results to ensure proper notification of physician regarding abnormal results (see exhibit #3). PI Committee to review audits monthly to ensure proper notification until threshold is met.</p> <p>e) Director of Nursing</p> <p>f) September 12, 2008</p>		

RECEIVED

AUG 20 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/09/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2008
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RENO			STREET ADDRESS, CITY, STATE, ZIP CODE 445 W. HOLCOMB LANE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 157	Continued From page 2 physician if finding of the post void residuals are greater than 400 milliliters." (Milliliters is the same as cubic centimeters.)	F 157			
F 281 SS=D	Cross reference F 281 Professional Standards 483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to obtain a physician's order for a bladder scan, failed to assess and intervene on the results of bladder scans, failed to notify the physician of abnormal bladder scan results, and failed to maintain test equipment per the manufacturer's recommendations for one resident. Findings include: Resident #1: The resident was admitted to the facility on 7/16/08 with diagnoses including debility, dysphagia, interstitial lung disease, status post thoracentesis, pulmonary effusion, chronic obstructive pulmonary disease, congestive heart failure, hypertension, diabetes, depression, anemia, and renal insufficiency. The resident was incontinent of bowel and bladder and was somewhat confused. According to the director of nursing (DON) the family expressed concern about the resident's voiding ability and requested a bladder scan be done on the resident on 7/16/08. Results of the bladder scan were recorded as 999 cubic centimeters	F 281	F 281 COMPREHENSIVE CARE PLANS a) Resident #1 was discharged to an acute care facility. b) Residents receiving bladder scans have been reviewed to ensure that physician's orders have been obtained, scan results have been assessed and proper interventions taken, and physician notification was not necessary as there were no abnormal results (see exhibit #1). The scanner has been properly calibrated. No other residents were found to have been affected by the deficient practice. c) Nurses have been educated regarding obtaining physician's orders for bladder scans, assessing and intervening appropriately based on scan results, and physician notification regarding abnormal scan results (see exhibit #2). The Bladder Scanner BVI 3000 was sent to the manufacturer for proper calibration, and a schedule has been developed to ensure timely calibrations as specified by manufacturer's recommendations (see exhibit #4).		

RECEIVED

AUG 20 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/09/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2008
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RENO			STREET ADDRESS, CITY, STATE, ZIP CODE 445 W. HOLCOMB LANE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 281	<p>Continued From page 3</p> <p>(cc's) on two separate times on 7/16/08. After the resident voided a repeat scan yielded a result of 269 cc's. The resident complained of abdominal cramping and a nurse catheterized the resident and obtained 95 cc's of urine. Normal bladder capacity is between 400-600 cc's. The urinary bladder can normally hold 250 to 350 cc's of urine before the urge to void becomes conscious.</p> <p>Review of the Bladder Scanner BVI 3000 Policy and Procedure revealed Procedure #13 that read "The nurse is responsible to report to the physician if finding of the post void residuals are greater than 400 milliliters. A review of the operator manual for the bladder scanner revealed it must be recalibrated every six months using ScanPoint. According to the DON the scanner was last calibrated in April of 2007.</p> <p>Review of the record failed to reveal evidence of a physician's order for the bladder scan, and no evidence the physician was notified of any of the scan results.</p> <p>Interviews with the Administrator and the DON on 7/29/08 at 10:30 AM, revealed that Resident #1 was taking fluids during meals and at other times. They presented documentation of fluid intakes during meals. Fluid intakes between meals were not recorded, but there was a written statement from a hydration aide regarding fluid intake of the resident between meals. The resident was incontinent most of the time, with some recordings of continence. There were no measurements of urinary output. A statement by a nursing assistant indicated the resident voided without difficulty and the resident was changed several times a day.</p>	F 281	<p>d) DON or designee will audit random bladder scans to ensure proper MD orders, assessment and intervention based on results of scan, notification of physician regarding abnormal results, and timely calibration of equipment (see exhibit #3). PI Committee to review audits monthly until threshold is met.</p> <p>e) Director of Nurses</p> <p>f) September 12, 2008.</p>		

RECEIVED

AUG 20 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/09/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/29/2008
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RENO			STREET ADDRESS, CITY, STATE, ZIP CODE 445 W. HOLCOMB LANE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 281	<p>Continued From page 4</p> <p>The record revealed that, on 7/20/08, Resident #1 vomited four times during the day and had diarrhea. His vital signs were within normal limits. The family visited and informed the nurse the resident seemed more confused and lethargic. The family requested the nurse notify the physician and the family preferred the resident be transferred to the hospital. The physician ordered the resident transferred to the hospital at 4:45 PM on 7/20/08.</p> <p>A review of the hospital admission record of 7/20/08 revealed that the history and physical examination indicated significant dehydration and possible gastroenteritis. Resident #1 was catheterized in the Emergency Department and a return of 1,000 cc's of dark yellow urine was obtained. The physician indicated the resident had benign prostatic hypertrophy with a bladder outlet obstruction. The resident was placed on IV fluids and admitted to the acute care facility.</p>	F 281			

RECEIVED

AUG 20 2008

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA